



COURSE RETAKE REQUEST FORM

This form is used to request Department permission for a 3rd (final) attempt at a CHEM course if you have already completed your second attempt. Attempts at a course include any grade below C- and withdrawals (W); WE grades are not counted. Students who do not earn a grade of C- or higher do not meet the pre-requisites for subsequent CHEM courses.

This is a fillable form. If filling out a paper version, please print clearly. Fill out all fields in the Student Information section. Completed forms may be sent to the Undergraduate Program Director (ChemistryUPD@luc.edu) to request a meeting.

STUDENT INFORMATION (continues on the next page)

First and Last Name

LUC ID Number

E-mail Address @luc.edu

Academic Advisor

Course to be retaken: CHEM _____
Course No.

_____ 20_____
Term (e.g., Fall) Year

****FINAL COURSE ATTEMPTS ARE NOT RECOMMENDED DURING THE SUMMER TERMS****

Previous attempts. List all attempts at the course to be retaken, including grades of "W."

Term (e.g., Fall 2015) Final Grade

Term Final Grade

Reattempts at previous CHEM courses. If applicable, list all additional CHEM courses retaken at Loyola and final grades for all attempts, including grades of W.

Registration information. List all information for your preferred section(s) of the course to be retaken. Students may only be enrolled into open class sections. If your preferred section(s) are closed, you should work with your advisor to select among open class section(s).

Preferred Section Number (e.g., 001): _____

4-digit Class Number: _____

Discussion Section Number (if applicable): _____

4-digit Class Number: _____

What went wrong. Reflect on your academic performance in the course. Please explain briefly what, in your opinion, contributed to your difficulties in the previous attempts.

Learning & Improvement. Please explain briefly what you have learned from your previous attempts. Include details for any course-specific skills (e.g., study methods, use of resources) and personal skills (e.g., motivation, time management) that you have identified for improvement.

Plan. Please outline the changes you will make to succeed in this attempt. Share relevant details.

Student contract. By signing below, I agree to: attend and actively engage in all class meetings, complete all assigned coursework on time, prepare adequately for assessments, foster a positive learning environment, and maintain open communication with the course instructor (and the coordinator, if applicable) throughout the term to discuss any questions, academic challenges, and concerns. I acknowledge that the authorized Department representative may list additional conditions prior to approval for registration, and that I must earn a grade of C- or higher in my final attempt to meet the pre-requisites for enrollment into subsequent LUC CHEM courses.

Student Signature

Date

DEPARTMENT APPROVAL INFORMATION

Printed Name

Department of Chemistry & Biochemistry Signature:
Chairperson/Assistant Chairperson/Undergraduate Program Director

Date

Department Comments. Additional conditions, if any, for approval of registration may be listed here.